9-13-05

Mail Stop Amendment **Application Number** 10/623,043 SEP. 1 2 200 **TRANSMITTAL** July 18, 2003 Filing Date **FORM Confirmation Number** 6442 (To be used for all correspondence after initial filing) ESTES et al. Inventor(s) **Group Art Unit** 3743 Express Mail Label No.: EL 997384464 US Examiner Lewis, A. Attorney Docket No. 91-01 C7 RCE Total Number of Pages in This Submission: 13 ·

| | ENCLOSURES (check all that apply) | | | | | | |
|--|--|--------|---|--|--|--|--|
| Fee Transmittal Form (submit in duplicate) | Assignment Papers | | Issue fee Transmittal Form PTOL- 85(b) + (c) and Cover Sheet | | | | |
| Fee Stached | Cover Sheet | | After Allowance Communication to Group | | | | |
| Check No.: | Drawing Change Authoriz Request and Amended Fi | | Appeal Communication to Board of Appeals and Interferences | | | | |
| Amendment / Response | Request for Return of PTO Forms |)-1449 | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | |
| After Final | Petition to the Commission | ner | Request for Continued Examination (RCE) | | | | |
| Affidavits / Declaration | s) To Convert a Provisional Application | | Status Request Letter | | | | |
| Extension of Time Request | Power of Attorney, Revoc Change of Address | ation | Small Entity Statement | | | | |
| Information Disclosure Statem | ent Terminal Disclaimer(s) | | Request for Refund | | | | |
| Form PTO-1449 | Certified Copy of Priority Document(s) | | Response to Missing Parts / Incomplete Application | | | | |
| Cited References Certificate of Mailing by Express Mail | | | | | | | |
| Drawing(s): Number of Pages Other Enclosure(s): | | | | | | | |
| Formal | ver sneet | | | | | | |
| Informal | | | | | | | |
| Current Due Date: September 14, 2005 | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | |
| Individual and Michael W. Haas, Reg. No. 35,174 Company RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668 | | | | | | | |
| Signature Michael M. Haar | | | | | | | |
| Date September 12 | 2005 | | | | | | |
| CERTIFICATE OF MAILING | | | | | | | |
| I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: September 12, 2005, Express Mail Label No. EL 997384464 US. | | | | | | | |
| Typed Name Michael W. Ha | is, Reg. No. 35,174 | | | | | | |
| Signature Michael | . No Haar | Date | September 12, 2005 | | | | |

| SIF | PE | | | |
|-----|---|-----------|----------------------|---------------------------------------|
| 101 | 798 | ·- | Application Number | 10/623,043 |
| /· | SEP 1 2 2005 FEE TRANSMITTAL (Effective 12/08/2004) | | Filing Date | July 18, 2003 ESTES et al. 6442 |
| SEP | | | First Named Inventor | |
| 12 | | | Confirmation Number | |
| M. | | | Group Art Unit | 3743 |
| | | | Examiner's Name | Lewis, A. |
| 7 | TOTAL AMOUNT OF PAYMENT | \$ 130.00 | Attorney Docket No. | 91-01 C7 RCE |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | |
|---|--|---|----------------------|-----------------------|---|-----------------|
| The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | 3. APPLICATION SIZE FEE | | | | | |
| Deposit Account Number | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). | | | | | |
| Deposit Account Respironics, Inc. | Total Sheets | Total Extra Number of each additional Fee(\$) Fee | | | | Fee Paid(\$) |
| Name | | 100 = | /50 | = | (round up to a whole number) X 250 = | 0.00 |
| Charge any additional Charge the Issue Fee set forth in 37 C.F.R. § 1.18 | 4. ADDITIONAL FEES | | | | | |
| fee required under 37 | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
| 2. Payment Enclosed: | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or declaration | |
| Check (Check No) | 1811 | 100 | 1811 | 100 | Certificate of Correction | |
| FEE CALCULATION (fees effective 12/08/2004) | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | |
| 1. BASIC FILING, SEARCH, AND EXAM FEES | 576 | 25 | 576 | 25 | Additional filing receipt, duplicate or corrected due to applicant error | |
| (Large Entity Only) | 1251 | 120 | 2251 | 60 | Extension for response within first month | |
| Appln. Filing Search Exam Type Fee(\$) Fee(\$) Fees Paid | 1252 | 450 | 2252 | 225 | Extension for response within second month | |
| Utility 300 500 200 | 1253 | 1,020 | 2253 | 510 | Extension for response within third month | |
| Design 200 100 130 | 1254 | 1,590 | 2254 | 795 | Extension for response within fourth month | |
| Plant 200 300 160 | 1255 | 2,160 | 2255 | 1,080 | Extension for response within fifth month | |
| Reissue 300 500 600 | 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| Provisional 200 0 0 | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| | 1403 | 1,000 | 2403 | 500 | Request for oral hearing | |
| SUBTOTAL (1) \$ 0.00 | 1452 | 500 | 2452 | 250 | Petition to revive unavoidably abandoned application | |
| 2. CLAIMS Extra Fee from Claims Below Fee Paid | 1453 | 1,500 | 2453 | 750 | Petition to revive unintentionally abandoned application | |
| Total Claims * x 50 = | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | |
| Ind. Claims * x 200 = | | 800 | 2502 | 400 | Design issue fee | |
| Multiple Dependent Claims add 360 = | 1814 | 130 | 2814 | 65 | Statutory Disclaimer | 130.00 |
| * Enter Highest Number Previous Paid For | 1460 | 130 | 1460 | 130 | Petitions to the Director | |
| Large Entity Small Entity Fee Description Fee (\$) Fee (\$) | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | |
| 1202 50 2202 25 Claims in excess of 20 | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 1201 200 2201 100 Independent claims in excess of 3 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of property) | |
| 1203 360 2203 180 Multiple dependent claim | 1801 | 790 | 2801 | 395 | Request for Continued Examination | |
| 1204 200 2204 100 Reissue independent claims over original patent | 1504 | 300 | 1504 | 300 | Publication Fee | |
| 1205 50 2205 25 Reissue claims in excess of 20 and over original patent | Other Fee (| (specify) _ | | | | |
| SUBTOTAL (2) \$ 0.00 | | | | | SUBTOTAL (3) | 130.00 |
| | | | | | | |
| SUBMITTED BY | | | | | | |

| SUBMITTED BY | | | | | |
|--------------------------|-----------------|------|--------------------|---------------------------|---------|
| Typed or Printed Name | Michael W. Haas | | | Reg. Number | 35,174 |
| Signature | Medael We How | Date | September 12, 2005 | Deposit Account Number | 50-0558 |